

# Texas State Optical College Station

## Contact Lens Agreement

Congratulations on your decision to be fitted with contact lenses! To preserve the health of your eyes and become a successful contact lens wearer, it is vitally important that you follow the doctor's instructions on wearing and maintaining you contact lenses.

Here is what you need to know about our Contact Lens fitting process:

1. You have elected to be fit with contact lenses. Should you decide for any reason that contact lenses are not for you, please be advised that the fitting fee for the professional service of the doctor is not refundable.
2. You may be required to return for a follow-up exam *before* your prescription is finalized. Approximately 1 week after your initial eye exam, the doctor will re-evaluate the fit of the contact lenses, recheck your visual acuity and ensure the lens material and your eyes are compatible. Any adjustments needed in the prescription will be done at this time. *Follow-up exams completed within the wear period specified by the contact lens company are included in the fitting fee.*
3. Patients wearing the prescription lenses beyond the specified wear period do so at their own risk, as this may lead to eye infections and/or medical complications.
4. If you do not return for your scheduled follow-up exam within the specified contact lens wear period (usually within 1 month), an additional fee may be charged for the follow-up.
5. If you do not return for your scheduled follow-up exam, and the fitting process has not been completed within 30 days of the initial exam, the patient file for contact lens fitting will be closed. The patient may begin the fitting process again by paying the \$75.00 or \$95.00 contact lens fitting fee.
6. Trial lenses are furnished by the manufacturers for the purpose of facilitating contact lens fitting only. ***Extra trial lenses will not be provided after the initial fitting.***
7. This office recommends all the contact lens patients have a pair of eyeglasses to allow your eyes to breathe freely between wearing contact lens and for those times when you cannot wear contact lenses.

I have read, understand, and agree with the information and conditions outlined above.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date